

## TRAVEL EXPENSE CLAIM

FD-262 (REV. 10/92)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME <b>Glen Thomas</b>		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT <b>Governor's Office</b>	
POSITION <b>Secretary</b>		CB/D NUMBER		DIVISION OR BUREAU <b>Office of the Secretary of Education</b>	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS		INDEX NUMBER <b>131</b>	
<b>121 L Street #600</b>		<b>1121 L Street #600</b>		TELEPHONE NUMBER <b>916-322-9204</b>	
CITY <b>Sacramento</b>	STATE <b>CA</b>	ZIP CODE <b>95814</b>	CITY <b>Sacramento</b>	STATE <b>CA</b>	ZIP CODE <b>95814</b>

(1) MONTH/YEAR Sept/Oct 09		(3)  LOCATION WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5)  MEALS			(6)  INCIDENTALS	(7)  TRANSPORTATION				(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY	
(2)  DATE	TIME			BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C)  CARFARE, TOLLS, PARKING	(D)  PRIVATE CAR USE			
											MILES			AMOUNT
7	0530 - 1600	Sacto/Los Angeles/return							9.00				9.00	
1	0430 - 1700	Sacto/Los Angeles/return					60.00		9.00				69.00	
3	0430 - 2300	Sacto/Washington DC		6.00	8.00		34.00						48.00	
5	2200 - 1700	Washington DC/Sacto			10.00	8.00			27.00			33.49	78.49	
3	1835 -	Sacramento							4.50				4.50	
3	1200 - 1600	Sacramento							8.00				8.00	
SUBTOTALS				6.00	18.00	8.00		94.00		57.50		33.49	216.99	

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$ 216.99

(1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

9/17/09 Dorsey High School Digital Textbooks Forum, Los Angeles, CA

9/21/09 Los Angeles County Office of Education &amp; Los Angeles Governor's Office

9/23-25/09 NASBE State Leadership Conference, Washington DC

9/17/09 Drexel University Speaking Engagement, Sacramento

0/19/09 Math Policy Group Meeting, Sacramento

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed and that the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle use.

CLAIMANT'S OR

DATE

(16.) SIGNATURE

AGENT

DATE

10/19/09